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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per

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Name of Offering check if this is an amendment and name has changed, and indicate change.) Offering of up to \$9,992,981 of shares of Series D Convertible Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer check if this is an amendment and name has changed, and indicate change.) Nanolnk, Inc. Telephone Number (Including Area Address of Executive Offices (Number and Street, City, State, Zip Code) Code) 8025 Lamon Avenue, Skokie, Illinois 60077 (847) 679-6266 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area (if different from Executive Offices) Brief Description of Business Nanoencryption and Dip Pen Nanolithography Type of Business Organization THOMSON corporation other (please specify): FINANCIAL limited partnership, already formed business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 07 2000 X Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State E CN for Canada, FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it is mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

-ATTENTION:

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A RASIC IDENTIE	ICATION DATA		 -
2. Enter the information req	uested for the follow		ICATION DATA		
•Each promoter of the	issuer, if the issuer h	as been organized within the	past five years;		
 Each beneficial owners issuer; 	r having the power to	vote or dispose, or direct the	vote or disposition of, 10	% or more of a	class of equity securities of the
 Each executive office 	r and director of corp	orate issuers and of corporate	general and managing pa	rtners of partne	ership issuers; and
*Each promoter of the Issuer, if the issuer has been organized within the plast five years; *Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Issuer; *Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Issuer; *Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Issuer; *Each beneficial owner having the power to vote or disposition of, 10% or more of a class of equity securities of the Issuer; *Each beneficial owner having the power to vote or disposition of, 10% or more of a class of equity securities of the Issuer; *Each beneficial owner having the power of the Issuer; and of corporate general and managing partners of partnership issuers; and *Each the Republic of the Issuer; and *Each the Republic of Partnership issuers; and *Each the Republic of Partner					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	■ Director	
Full Name (Last name first, if	individual)				
Mirkin, Chad A.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	■ Director	
Full Name (Last name first, if	individual)				
Loiret-Bernal, Cedric					
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	
•	individual)				
	s (Number and Street	, City, State, Zip Code)			
	•	, , ,			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	
Full Name (Last name first, if	individual)				
Slezak, Mark					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	
Full Name (Last name first, if	individual)				
Holmer, Alan					
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	
Full Name (Last name first, if	individual)				
Brauer, Keith					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Janosky, Robert J.	individual)				
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	-	г 2022)			
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				ivianaging i aidici
Lurie Investment Fund, LLC					

FORM D					
Business or Residence Address	ss (Number and Street,	City, State, Zip Code)			
Two North Riverside Plaza,	Suite 1500, Chicago,	Illinois 60606			
Check Box(es) that Apply:	☐ Promoter Managing Par	■ Beneficial Owner tner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
AOQ Trust					
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)			
Two North Riverside Plaza,	Suite 1500, Chicago,	Illinois 60606			
	(Use blank she	et, or copy and use addition	onal copies of this sheet,	as necessary.)	

FORM D

	B. INFORMATION ABOUT OFFERING		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No
••	Answer also in Appendix, Column 2, if filing under ULOE.	ш	
2.	What is the minimum investment that will be accepted from any individual?	0	
3.	Does the offering permit joint ownership of a single unit?	Yes	No
<i>3</i> . 4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar		لــا
	remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A		
Ful	ll Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer		
Sta	ites in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check The States of Check Institutes) in the Check The States of	All St	
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	[MT]	A] []
	[RI] [SC] [SD] [MI] [TX] [UT] [VT] [VA] [WA] [WA] [WV] [WI] [WY] [P	'R] []
Ful	Il Name (Last name first, if individual)	. —	_
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer		
Sta	ntes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check All States of Check Individual States)	All St	_
		DI]
	[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI] [MN] [MS] [M	0]]
	[MT] [NE] [NV] [NH] [NH] [NJ] [NM] [NY] [NC] [ND] [ND] [OH] [OK] [OR] [P	^I 🗀]
	[RI] 🔲 [SC] 🔲 [SD] 🔲 [TN] 🔛 [TX] 🔛 [UT] 🔛 [VT] 🔛 [VA] 🔛 [WA] 🔛 [WV] 🔲 [WI] 🗀 [WY] 🔲 [F	'R] []
Ful	H Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer		
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(CHECK 711 States) of Check Biol (Ideal States)	All St	
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [D] [J
	[IL] [IN] [IA] [KS] [KY] [LA] [ME] [ME] [MD] [MA] [MI] [MI] [MN] [MS] [MS] [M	(O)]
	(MT) [NE] [NV] [NH] [N] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [F	A) []
	$[RI] \ \ \ [SC] \ \ \ \ \ [SD] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	'R] []
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)		

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E C	F PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sol Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box a indicate in the columns below the amounts of the securities offered for exchange and already exchanged	nd			
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	_	0	_	0
	Common Preferred	_		_	
	Convertible Securities (including warrants) – Series D Convertible Preferred Stock	\$	9,992,981	\$	9,992,981
	g ,	-	2,722,701	_	7,72,700
	Partnership Interests	<u> </u>		<u> </u>	0
	Other (Specify)	\$	0	_	0
	Total	\$	9,992,981	\$	9,992,981
	Answer also in Appendix, Column 3, if filing under ULOE.	_		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		26	\$	9,992,981
	Non-accredited Investors	_		\$	
	Total (for filings under Rule 504 only)	_		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.		_	_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505			\$	
	Regulation A	_		\$	
	Rule 504			\$	
	Total	_		\$	
4. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate.	ın			
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs			\$_	
	Legal Fees		🖂	\$_	50,000
	Accounting Fees			\$_	
	Engineering Fees			\$_	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify)			\$_	
	Total		🖂	\$	50,000

FORM D

	b.	Enter the difference between the aggregate and total expenses furnished in response gross proceeds to the issuer."	to Part C - Question 4.a. This differ	ence is the "adjuste	ed		s	9,9H29&I
5.	eac the	icate below the amount of the adjusted gruenth of the purposes shown. If the amount for box to the left of the estimate. The total of ceeds to the issuer set forth in response to	or any purpose is not known, furnish of the payments listed must equal the	an estimate and che	or eck			
			on of machinery and equipments and facilities	this offering suant to	Payments to Officers, Directors & Affiliates \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ \$	9,942,931 9,942,931
			D. FEDERAL SIGNA	TURE				
con	stitu	er has duly caused this notice to be signed es an undertaking by the issuer to furnish d by the issuer to any non-accredited inves	by the undersigned duly authorized to the U.S. Securities and Exchange	person. If this noti Commission, upon	ce is filed under Ru written request of i	le 505, tl ts staff, t	e follo ne info	wing signature
Issu	er (F	rint or Type)	Signature	11	/	Date		
Na	noIn	k, Inc.		11/1		Octobe	<u>rt</u> ,2	1006
Nar	ne o	Signer (Print or Type)	Title of Signer (Print or	ype)				
Cec	lrie l	_oiret-Bernar)	Chief Executive Officer					
			-ATTEN					
In	ten	tional misstatements or omiss	ions of fact constitute fede	ral criminal v	iolations. (Se	e 18 U	S.C.	1001.)

FORM D

Cedric Loiret-Bernar!

	E. STATE SIGNATURE	
1.	1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification prov	Yes No isions of such rule?
	See Appendix, Column 5, for state respons	se.
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in 239,500) at such times as required by state law. 	which this notice is filed, a notice on Form D (17 CFR
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written to	request, information furnished by the issuer to offerees.
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be seemption (ULOE) of the state in which this notice is filed and understands that the issuer classified stablishing that these conditions have been satisfied.	-
	The issuer has read this notification and knows the contents to be true and has duly caused this noti authorized person.	ice to be signed on its behalf by the undersigned duly
Issu	Issuer (Print or Type) Signature	Date
Na	NanoInk, Inc.	October 7, 2006
Na	Name of Signer (Print or Type) Title of Signer (Print or Type)	

Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4	-	Τ	5	
	Intend to non-a investors	to self ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	A	Yes	No	
AL	1 08	NO		mvestors	Amount		Amount	Yes	NO	
AK					-	·		<u></u>		
AZ										
AR								ļ		
CA			-						-	
CO									<u> </u>	
CT								 		
			Series D Convertible				<u> </u>	ļ		
DE		X	Preferred Stock; \$25,000	1	\$25,000	0	\$0		x	
DC		X	Series D Convertible Preferred Stock; \$342,000	2	\$342,000	0	\$0		x	
FL										
GA										
HI										
1D										
iL		X	Series D Convertible Preferred Stock; \$9,188,387	14	\$9,188,387	0	\$0		X	
IN										
İΑ				-						
KS										
KY										
LA										
ME										
MD										
MA		x	Series D Convertible Preferred Stock; \$8,818	1	\$8,818	0	\$0		х	
MI		· · · · · · · · · · · · · · · · · · ·								
MN										
MS						<u> </u>				

PO	R	M	Γ

ORM											
l		2	3	4					5 Disqualification		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
мо		X	Series D Convertible Preferred Stock; \$88,176	1	\$88,175	0	\$0		X		
MT				<u> </u>							
NE											
NV								_			
NH								_			
NJ											
NM	<u>.</u> .							_			
NY		X	Series D Convertible Preferred Stock; \$26,321	1	\$26,321	0	\$0		x		
NC							-	-			
ND				<u></u> .							
ОН		x	Series D Convertible Preferred Stock; \$160,429	3	\$160,429	0	\$0		x		
OK											
OR											
PA RI								<u> </u>			
SC											
SD									ļ		
TN											
TX		X	Series D Convertible Preferred Stock; \$122,832	1	\$122,832	0	\$0		x		
UT		X	Series D Convertible Preferred Stock; \$24,000	1	\$24,000	0	So		X		
VT									-		
VA		x	Series D Convertible Preferred Stock; \$7,019	1	\$7,019	0	\$0		x		
WA											
WV											
WI											

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1 2 3					- -	4		5					
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and expla amount purchased in State under S under S (if ye expla expla		amount purchased in State (Part C-Item 2)				Type of investor and expl amount purchased in State waiv		under Sta (if yes explan waiver	lification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY					-								
PR					 		 						